ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

State Assurance Fund

DIRECT PAYMENT APPLICATION - REQUEST FOR EVALUATION UNDER A.R.S. 49-1054(C)(2)

Section IV (D): Supplemental Worksheet

EACH COST ITEM SUBMITTED BELOW MUST INCLUDE COMPLETE INFORMATION FOR All REQUIRED COLUMNS.											
(A) LUST Number:					(B) Applicant Name:						
1	2	3	4	5	6	7	8	9	10	11	12
REF No.	Provider Name	Invoice No.	Activity or Phase Code	Cost Schedule Item Code	Item Description	No. of Units Requested	Unit Rate Requested	Subcontracted Cost Amount	Total Mark-Up On Subcontracted Cost	TOTAL AMOUNT CLAIMED	Optional Footnote See Instructions
			Foo	otnotes:							